



LAKE HAVASU CITY POLICE DEPARTMENT

POLICE RECORDS REQUEST

For Internal Use Only

REQUEST NO.:

DATE RECEIVED:

DATE COMPLETED:

REPORT PICKED UP Y N

2360 McCulloch Boulevard N. | Lake Havasu City, AZ 86403-5950 | Phone (928) 855-1171 | www.LHCPD.com

REQUESTOR NAME:

CONTACT NUMBER:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

EMAIL ADDRESS:

ADDITIONAL CONTACT INFORMATION:

DETAILS OF INCIDENT	REASON FOR RECORDS REQUESTED (Check appropriate box.)
DATE & TIME OF INCIDENT:	VICTIM ACCIDENT REPORT*
REPORT #:	ATTORNEY PERSON INVOLVED
OFFICER:	INSURANCE
LOCATION & TYPE OF INCIDENT:	REPRESENTATIVE OF INSURANCE COMPANY/ ADJUSTING AGENCY/CLAIM # _____
PARTIES INVOLVED:	OTHER: _____

* Accident Report Certification – “I certify I am an involved party, vehicle owner, or insurance company; or attorney, or private investigator representing an involved party.”

RECORDS AVAILABLE FOR REQUEST (Check all that apply.)	Will the record be used in a claim against the United States?
REPORT	YES NO
ACCIDENT REPORT	
911 CALL	
AUDIO RECORDING	
PHOTOGRAPHS	
BWC VIDEO **	
OTHER: _____	

**Officer worn camera (BWC) videos will be redacted in accordance with public information laws and the entire video will be blurred to comply with privacy acts.

DISCLAIMER & CERTIFICATION

Lake Havasu City, including its departments, agencies, boards, commissions, officers, officials, agents, volunteers, and employees, does not warrant and shall not be responsible or liable for any loss, consequence, or damage resulting directly or indirectly from reliance upon the accuracy, reliability, or timeliness of any record provided pursuant to this request. Any person or entity relying upon record provided pursuant to this request does so at the person's or entity's own risk and assumes the responsibility of verifying any information used or relied upon. Lake Havasu City is not required to create records to satisfy a request and requestors only have the right to receive records that are already in existence and in the format in which they are currently kept.

I hereby certify under penalty of perjury that the requested records will not be used for commercial purpose as defined by A.R.S. § 39-121.03.

PLEASE INDICATE YOU HAVE READ THE DISCLAIMER
& CERTIFICATION ABOVE BY CHECKING THIS BOX:

DATE:

Email to: courtinbox@lhcaz.gov

RECORDS USE ONLY

CLERK:

DATE:

TIME:

FEE PAID:

YES

NO

NO FEE/REASON: _____

RECEIPT NO.:

COMMENTS:

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